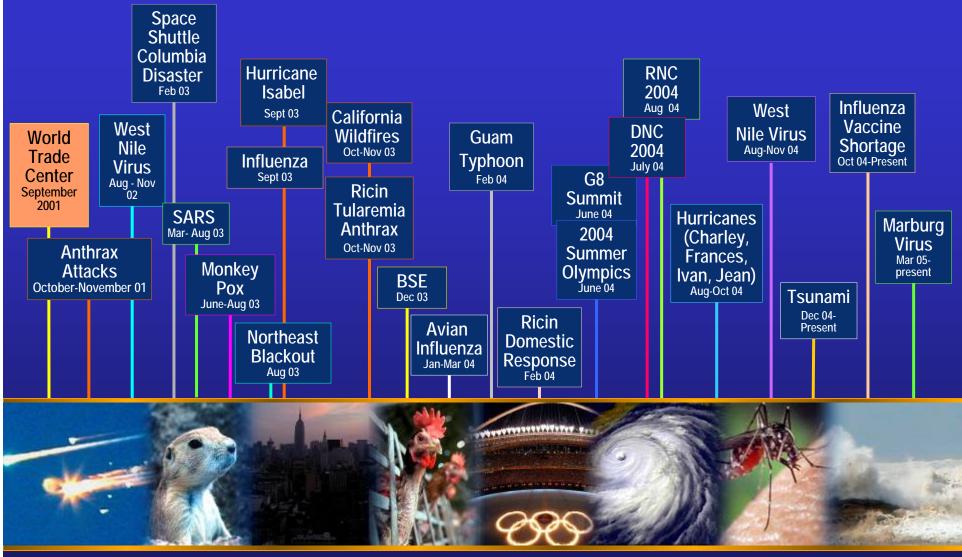
#### **Health Protection 2005**



#### **Health Protection Heroism**

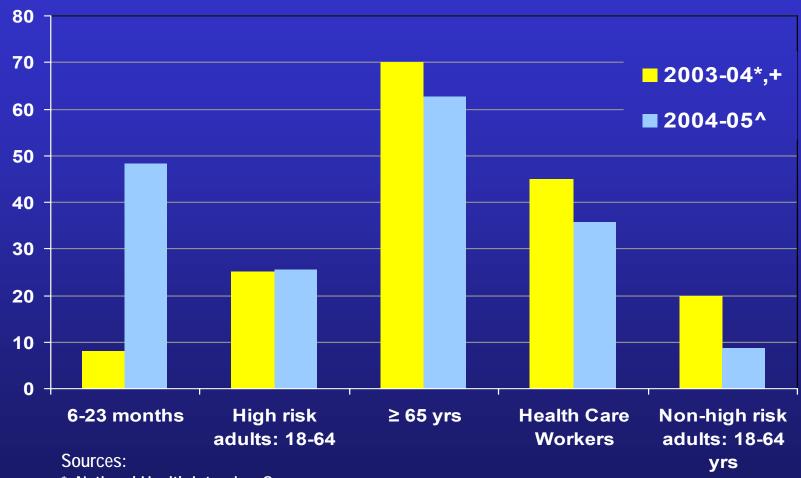






#### Health Protection Heroism: Influenza Vaccination Coverage

2003-04 and 2004-05



- \* National Health Interview Survey
- + National Immunization Survey
- ^ Behavioral Risk Factor Surveillance System, MMWR April 1, 2005







America's Health Protection Heroes!





# Tempora mutantur, nos et mutamur in illis

Times change, and we change with them too

Owen's Epigrammata, 1615

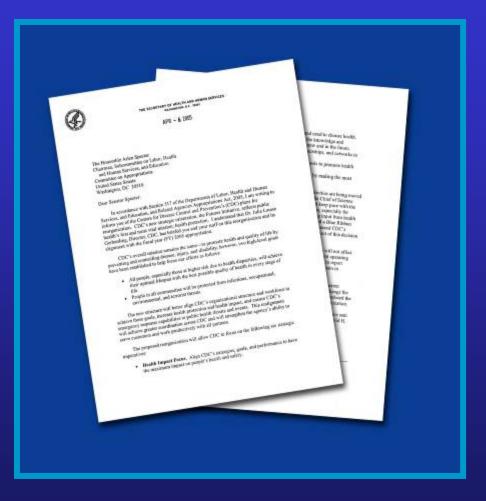




## Congress Endorses CDC's Modernization

#### **April 2005**

- Overarching Goals
- Strategic Imperatives
- Organizational Structure
- Budget Realignment







#### The Future is Now...

Input July 2003

Ideas 2004

Implementation 2005

- Outside-in
- Interactive
- Driven by data
- Focused on customers
- Strategic first, then structure & processes

**Impact** 

Early wins 2005



## CDC's Strategic Imperatives

Health impact: align strategy, goals, investments, and performance







### CDC's Overarching Health Protection Goals

People...Places...Preparedness

 Health Promotion & Prevention of Disease, Injury, and Disability:

All people, and especially those at greatest risk for health disparities, will achieve their optimal lifespan with the best possible quality of health in every stage of life.

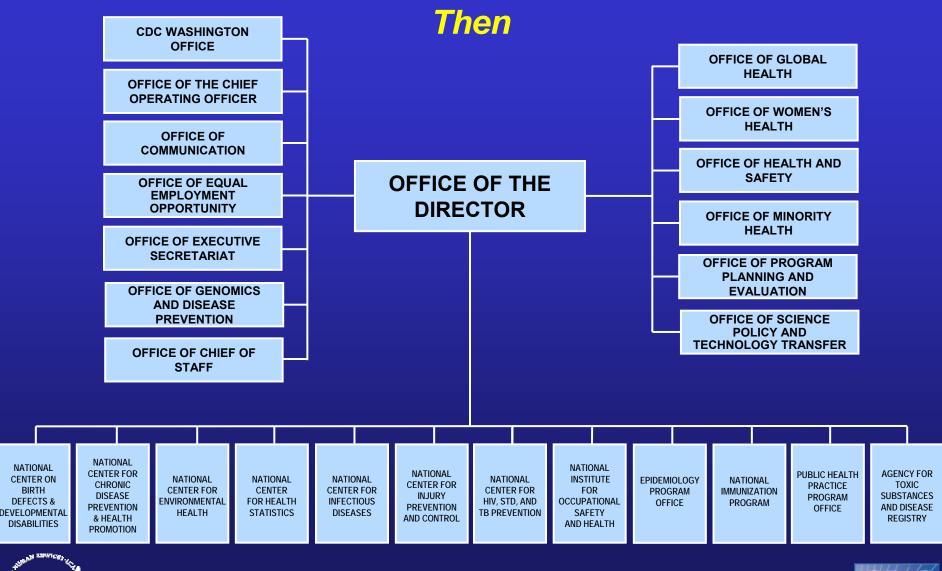
Preparedness:

People in all communities will be protected from infectious, occupational, environmental, and terrorist threats.



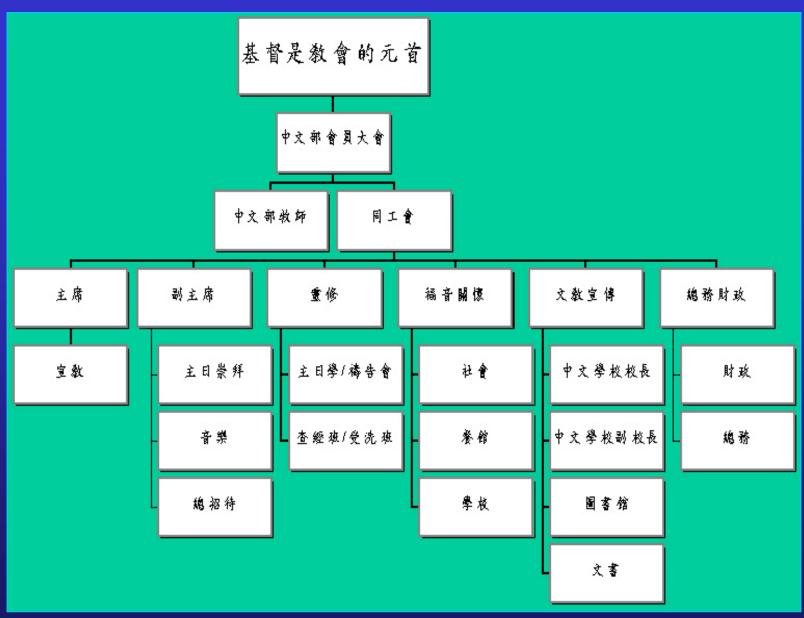


#### **CENTERS FOR DISEASE CONTROL AND PREVENTION**



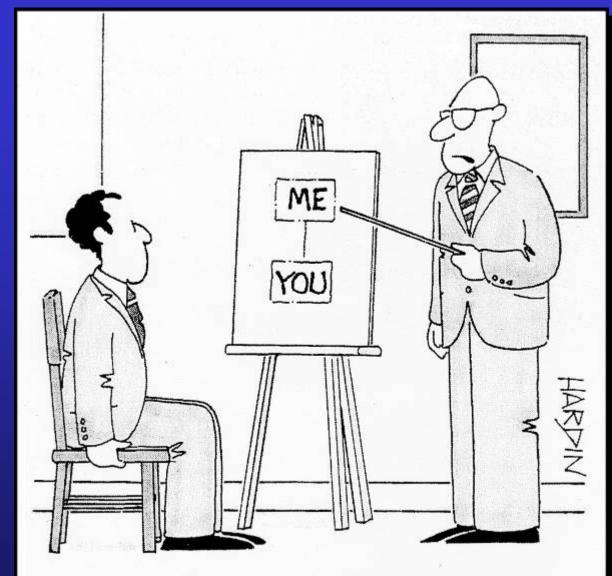


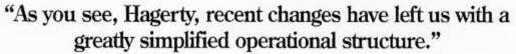
















#### **CDC Today**

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OFFICE OF CHIEF SCIENCE OFFICER

OFFICE OF CHIEF
OF PUBLIC HEALTH
PRACTICE

OFFICE OF STRATEGY & INNOVATION

OFFICE OF ENTERPRISE COMMUNICATION

OFFICE OF WORKFORCE & CAREER DEVELOPMENT

GLOBAL HEALTH TERRORISM
PREPAREDNESS
& EMERGENCY
RESPONSE

ENVIRONMENTAL HEALTH & INJURY PREVENTION

HEALTH INFORMATION & SERVICES

HEALTH PROMOTION

INFECTIOUS DISEASES

**NCIPC** 

**NCHS** 

**NCHPDP** 

NCID

NIOSH

**NCEH** 

**NCHM** 

**NCBDDD** 

NIP

**NCPHI** 

**NCHSTP** 





#### Improving Health: From Goals to Results

Evidence Input Mission Feasibility Comparative Impact



Goals

# Health Impact



Performance Management



Evidence-based action plan Accountability & responsibility assignments Resource allocation



# Preparedness Goals

Pre –Event	Event	Post-Event
<ul> <li>Prevent</li> <li>1) Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents and naturally occurring health threats.</li> <li>2) Decrease the time needed to classify health events as terrorism or naturally occurring in partnership with other agencies</li> </ul>	Investigate 5) Decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public's health.	<ul> <li>Recover</li> <li>7) Decrease the time needed to restore health services and environmental safety to pre-event levels.</li> <li>8) Increase the long-term follow-up provided to those affected by threats to the public's health.</li> </ul>
<ul> <li>Detect and report</li> <li>3) Decrease the time needed to detect chemical, biological, radiological agents in tissue, food or environmental sample that cause threats to the public's health.</li> <li>4) Improve the timeliness and accuracy of information regarding threats to the public's health</li> </ul>	to provide countermeasures and health guidance to those affected by threats to the public's health	9) Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.

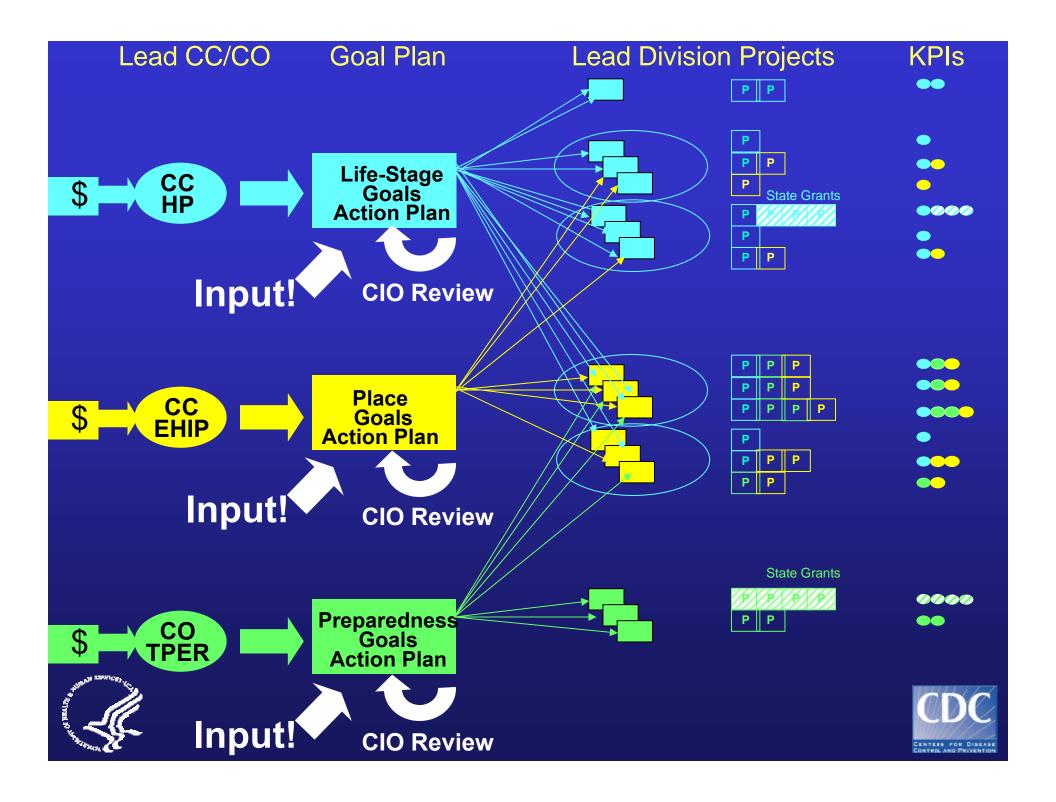
#### Preparedness Goals Action Plan (sample)

- Goal 1: Decrease the time needed to detect chemical, biological, radiological agents in tissue, food or environmental sample that cause threats to the public's health.
  - Strategy A: Leverage work of other agencies
  - Strategy B: Align partners and stakeholders
  - Strategy C: Conduct / support research
  - Strategy D: Implement / support programs
    - Objective 1: PH agencies will have real-time access to electronic health data from ERs and ICUs in all CRI metro areas by 2007
      - Project 1: Biosense will achieve standards-based connectivity in CRI hospitals
      - Lead Division: Biosense/NCPHI
      - Budget: FY06- \$36M; FY07-\$92M
      - KPI: proportion of population in CRI cities included in Biosense catchment areas



- Strategy E: Disseminate tools / knowledge
- Strategy F: Assess impact





#### Network Wins: Rapid Testing for Botulinum Toxins

- Testing for botulinum toxins requires mice, is slow, and hard to identify all the toxins
- NCEH's mass spectrometry technology had potential for better measurement
- NCEH and NCID came together to develop breakthrough technology new test
- New test is much faster, more specific, detects all botulinum toxins
- Mass spec approach may work for other biological terrorism toxins







# Network Wins: Detecting Influenza... New Innovations



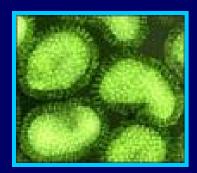
Household Survey: Vaccine Use



Long-term Care: Vaccine Needs Survey



State & Local Health
Officials: Secure Vaccine
Allocation Database



Laboratories: Virus Genetic Sequencing Rapid H5 detection



Global Biodetection Network



BioSense: Influenza-like Illness Clinic Visits

# Network Wins: Connecting Public Health to Clinical Care

- BioSense
- Dual use data
- New centers for Excellence in Public Health Informatics

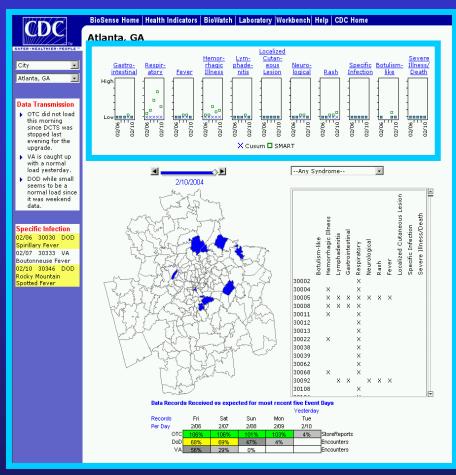








#### **BioSense**



(Demonstration Data)

- Major target: real-time data from health care sector
- Operational views for major cities and all states
- Over 380 users nationally
- BioIntelligence center making information out of data analysts doing daily monitoring
- First appropriation this year
  - DoD and VA already strong
     BioSense partners
- Early event detection
- Situational awareness

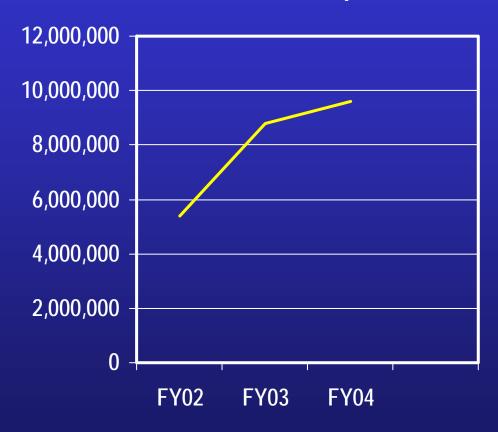




### CDC's Strategic Imperatives

- Health impact: align strategy, goals, investments, and performance
- Customer focus: market what people want and need to choose health

#### **CDC Web Visitors per Month**







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## CDC's Strategic Imperatives

- Health impact: align strategy, goals, investments, and performance
- Customer focus: market what people want and need to choose health
- Public health research: research to people...research for health impact

"Our intramural and extramural public health research portfolios...must address the most important issues without bias and undergo objective external peer-review. This is the only path to achieving excellence in science."

CDC All-hands Meeting, July 3, 2002





#### **Excellence in Science**

- Goal-directed comprehensive CDC research agenda
- Comprehensive Peer-review
- Biodefense Scientific Collaboration
- New Office of Chief Science Officer
- Health Protection Research Initiative
- Centers for Excellence
- New Vaccine Safety Office







# CDC's Strategic Imperatives

- Health impact: align strategy, goals, investments, and performance
- Customer focus: market what people want and need to choose health
- Public health research: research to people...research for health impact
- Leadership: leverage CDC unique capabilities to improve the health system





#### **Public Health Connectivity**

DILBERT / SCOTT ADAMS, scottadams@aol.com



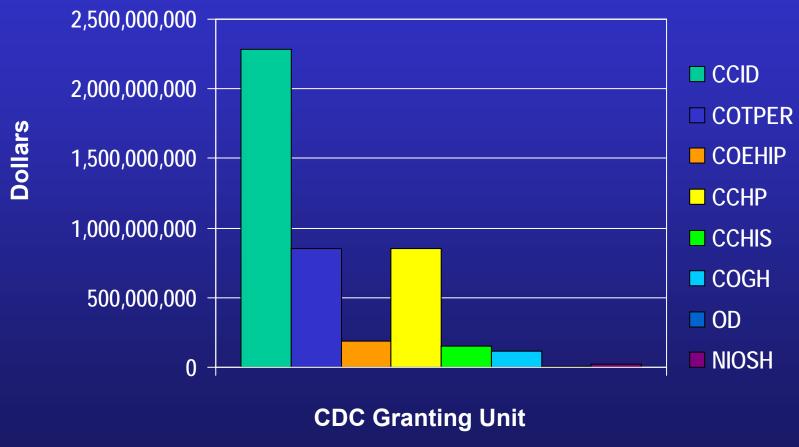








#### **2004 Domestic Grants**







## Portfolio Management Goals

- Build a strong network for shared leadership with State and Local Health Departments
- Manage and leverage CDC investments to improve and protect health
- Improve CDC business services to partners
- Improve the coordination and management of CDC field staff



Arkansas – Steve Boedigheimer
District of Columbia – Susan DeLisle
Florida – Kristin Brusuelas
New York - Joe Henderson
Ohio – Roberta Erlwein
Texas – Mark Fussell
Washington – Karen White





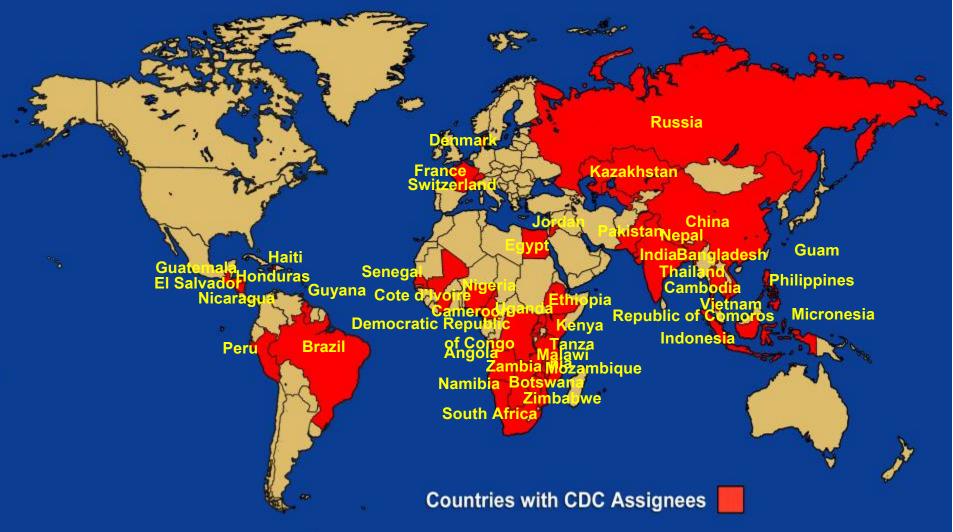
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- Leadership: leverage CDC unique capabilities to improve the health system
- Global health impact





## **CDC Global Health Protection**







#### CDC's Global Health Protection Network

FY04 FY04

**Quarantine Stations** 

Field Epidemiology
/ Laboratory Training Programs

CDC Field Stations -

International \_\_\_\_\_ Business Connectivity

New CDC Sentinel Sites

**New Quarantine Stations** 

New International LRN Sites

**New CDC Sentinel Sites** 

Global Health Protecti Network Bio Sense & Biointelligence Center

Laboratory Response Network (LRN)

National Clinical Lab Orders

> DoD/VA Dx & Rx Records

Biowatch Data

**⊸**OTC Drug Sales

Private Clinical Care

Expanded Real-Time LRN Data

Expanded Quarantine Stations

**New Data Streams** 

**FY06** 

**FY06** 





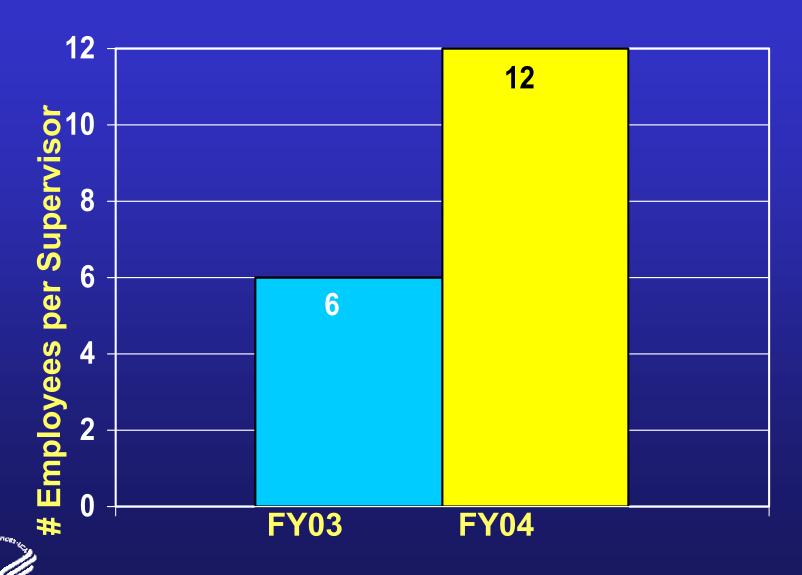
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- Public health research: research to people...research for health impact
- Leadership: leverage CDC unique capabilities to improve the health system
- Global health impact
- Performance improvement: accountability, efficiency, and effectiveness



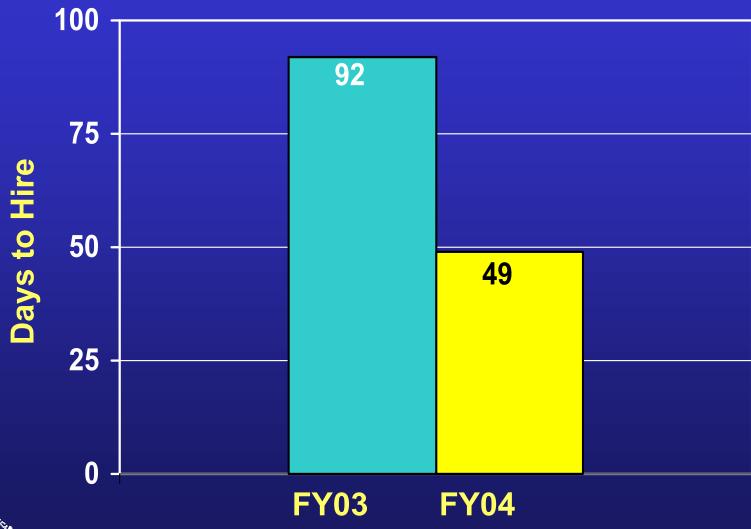


# **CDC Supervisory Ratio**





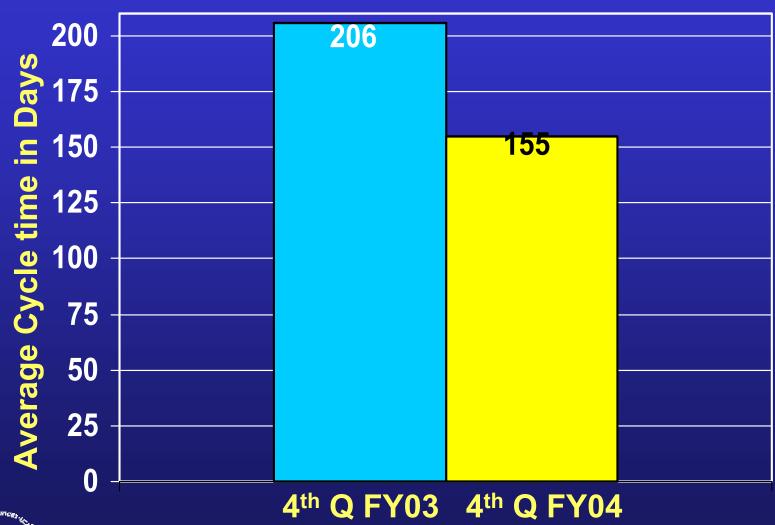
## **CDC Time to Hire**







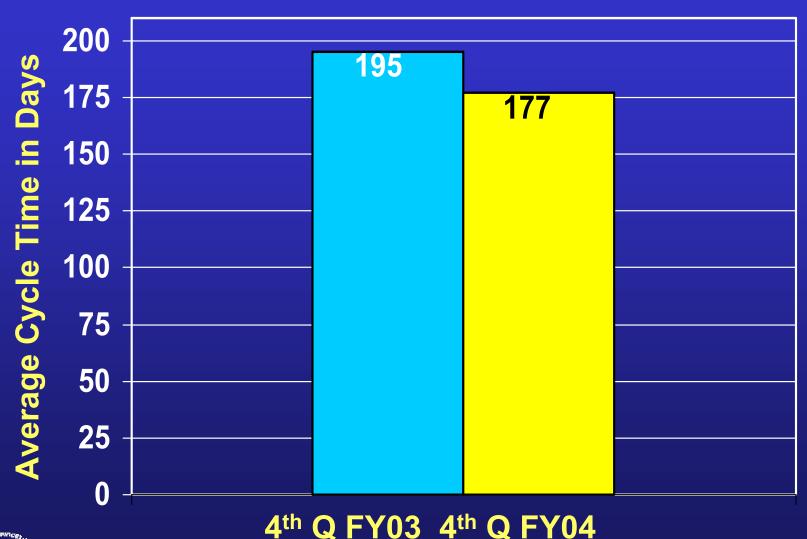
# **CDC Grant Cycle Time**







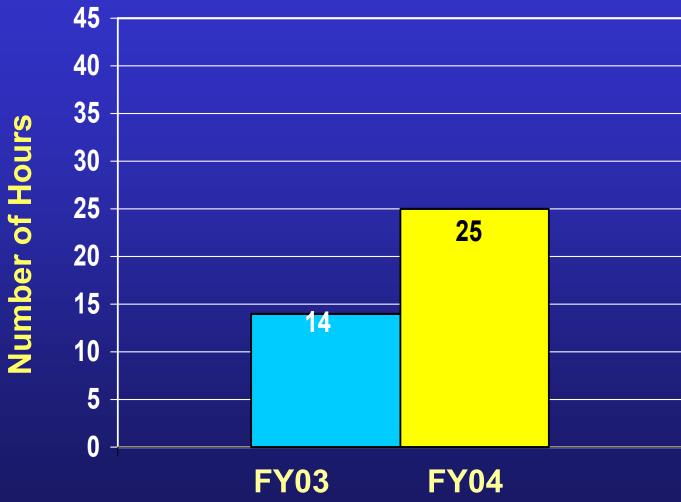
# **CDC Contract Cycle Time**







# **CDC Workforce Development: Employee Training Hours/Year**







# CDC Individual Employee Learning Accounts

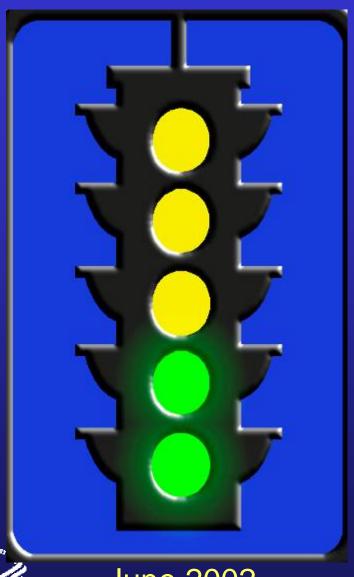


A new entitlement for *every* CDC employee: \$1000 per year (minimum) for training; can be "saved" and accumulated up to \$3000; contingent upon creating an individual career development plan

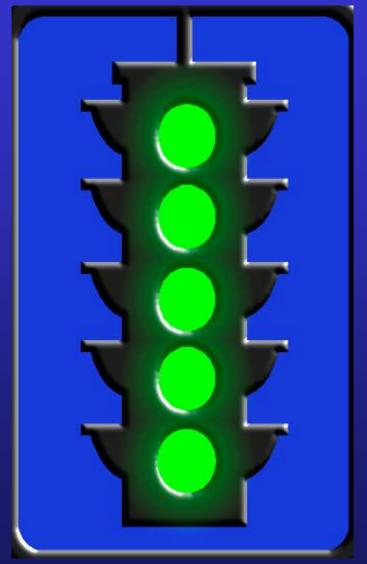




#### President's Management Agenda CDC Performance







January 2005



#### **CDC Performance Management Map**

Mission: To Protect People's Health

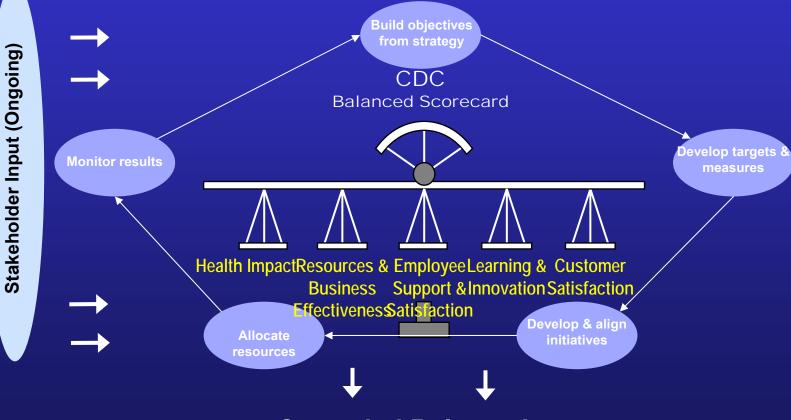
Core Values: Accountability; Respect; Integrity

Vision: Safer healthier people in a safer healthier world!

Strategic Imperatives: Heath Impact...Customer-Centricity...

Public Health Research... Leadership across the Health System....

Global Reach....Accountability





Cascaded Balanced Scorecards













# The Future is Now!

